

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: RAPOPORT

Serial No.: 08/482,402

Group Art Unit: 1806

Filed: 7 June 1995

Examiner: S. Ungar

For: DISEASE ASSOCIATED HUMAN
AUTOANTIBODIES SPECIFIC FOR
HUMAN THYROID PEROXIDASE

ASSOCIATE POWER OF ATTORNEY AND
CHANGE OF CORRESPONDENCE ADDRESS

Assistant Commissioner for Patents
Washington, DC 20231

Sir:

The undersigned, attorney of record in the captioned application, hereby appoints as his associates, with full power of attorney to prosecute the captioned application before the U.S. Patent and Trademark Office, the registered attorneys whose names, registration numbers, and mailing address are hereafter given:

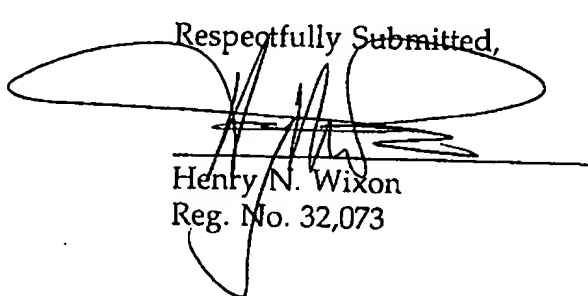
Jay M. Brown, Reg. No. 30,033
Steven M. Weiss, Reg. No. 37,534

Quest Diagnostics, Inc.
33608 Ortega Highway
San Juan Capistrano, CA 92690
(714) 728-4116

to whom all future correspondence from the U.S. Patent and Trademark Office pertaining to the captioned application should be directed.

Date: 23 September 1998
Hale and Dorf LLP
1455 Pennsylvania Ave., NW
Washington, DC 20004
(202)942-8459

Respectfully Submitted,



Henry N. Wixon
Reg. No. 32,073

HALE AND DORR LLP
1455 Pennsylvania, Ave., N.W.
Washington, D.C. 20004
(202) 942-8400

Receipt is acknowledged for the following:

<input type="checkbox"/>	Response _____	<input type="checkbox"/>	_____ sheets of dwgs
<input type="checkbox"/>	Request for Extension of Time (in duplicate)		_____ figures
<input type="checkbox"/>	Transmittal Letter (in duplicate)		
<input type="checkbox"/>	Executed Declaration and Power of Attorney	<input type="checkbox"/>	PTO Form _____
	<input type="checkbox"/> supplemental <input type="checkbox"/> under 37 CFR 1.312		
<input type="checkbox"/>	Executed Assignment & Recordation Cover Sheet	<input type="checkbox"/>	_____
<input type="checkbox"/>	Executed Small Entity Status Form(s)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Information Disclosure Statement, PTO form	<input type="checkbox"/>	_____
	1449 and copies of cited references	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/>	<u>ASSOCIATE POWER OF ATTORNEY</u>	<input type="checkbox"/>	_____
	<u>Change of Correspondence Address</u>		

Entitled: DISEASE ASSOCIATED . . . PEROXIDASE

In the Name of: RAPOPORT

Serial No. 08/402, 402

Att. HNW

Filed: 7 June 1995

Docket No. 102105.151

